

**Department of Mental Health (DMH)
Mental Health Services Act (MHSA)
INTEGRATED PLAN ADVISORY WORKGROUP
August 20, 2008**

**Summary
For Discussion Only**

I. Background

The Mental Health Services Act (MHSA) became state law on January 1, 2005. The passage of the Act created the expectation of a comprehensive planning process within the public mental health system. The multiple components of the MHSA were designed to support one another in leading to a transformed, culturally competent mental health system. This is reflected in the California Department of Mental Health's (DMH) *Vision Statement and Guiding Principles for DMH Implementation of the Mental Health Services Act* of February 16, 2005: "As a designated partner in this critical and historic undertaking, the California Department of Mental Health will dedicate its resources and energies to work with stakeholders to create a state-of-the-art, culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families. In its implementation responsibilities under the MHSA, DMH pledges to look beyond "business as usual" to help build a system where access will be easier, services are more effective, out-of-home and institutional care are reduced and stigma toward those with severe mental illness or serious emotional disturbance no longer exists."

The meeting summarized here, held on August 20, 2008 in Sacramento, was the third advisory workgroup meeting focused on DMH-developed Integrated Plans. Forty-eight (48) people were in attendance. This summary reflects the content, questions and comments from the meeting.

II. Welcome, Introduction and Overview of the Process

Beverly Abbott welcomed participants to the Integrated Plan Advisory Workgroup meeting. First, she reviewed the goals for the meeting, which were to:

- Confirm that the draft Fiscal Year (FY) 2009/10 Annual Update Guidelines and the draft Integrated Plan Framework are responsive to feedback provided by stakeholders at the July 30 meeting.
- Clarify major components in the Integrated Plan Framework and obtain feedback on major issues going forward after September 30, 2008.
- Obtain specific feedback on the draft Annual Update Guidelines.

Ms. Abbott then reviewed the agenda and invited participants to consider continuing as a group over the next eight months to work on the issues of creating guidelines for the Integrated Plan.

- **Stakeholder Comment:** It is better to meet longer during a session while meeting less frequently.
 - **Response (Beverly Abbott (BA)):** It might also be possible to conduct some business by telephone now that everyone knows each other.
- **Stakeholder Comment:** It is better to have less frequent meetings. It is important for constituency groups to have time to reach out to their constituents for feedback and comments. More time between receipt of materials and the next meeting is important.
 - **Response (BA):** Maybe between now and October, it would be good to take this information to constituents.
- **Stakeholder Question:** Can this information be emailed?
 - **Response (BA):** Yes.

III. Overview of Feedback from Last Meeting and How It Was Incorporated into Revised Materials

Carol Hood, DMH Assistant Deputy Director for Community Program Development which includes MHSA policy, presented an overview of the feedback and DMH response from the second Integrated Plan Advisory Workgroup meeting held on July 30, 2008. First, she reviewed the workgroup's task, which is to:

- Advise DMH regarding the development of the guidelines for
 - The Integrated Three-Year Program and Expenditure Plan and
 - The Annual Update.

Then Ms. Hood reviewed the purpose of the August 20th meeting: to review and provide feedback on the DMH draft of the Integrated Plan framework and Annual Update guidelines. She then restated the overarching goals for this process which are to develop guidelines for the Integrated Plan and annual update by September 30, 2008 that

- Simplify
- Move to indicators
- Integrate components and MHSA into the public mental health system.

Next, Ms. Hood reviewed the major themes that arose from the stakeholder input of the preceding meetings and provided DMH responses.

- **Theme:** Revise DMH's response of July 30, 2008 to workgroup input to allow more time for local planning for the Integrated Three-Year Program and Expenditure Plan.
 - **Response:** DMH agrees to provide guidelines for the FY 2009/10 Annual Update and a framework for the Integrated Plan for FY 2010/11-FY 2012/13 by September 30, 2008. The guidelines will provide counties the opportunity

to apply for continued funding in a single document that incorporates all MHSA components that have already been approved by the State.

- **Theme:** Some stakeholders request more information from counties, while others advocate streamlining and simplification of information.
 - **Response:** DMH will continue to seek a balance between requiring information to understand and approve county plans and simplifying processes. DMH and the Mental Health Services Accountability and Oversight Commission (MHSAOC) need to clarify what information they absolutely need to make decisions and fulfill their legal functions and what can be left out.
- **Theme:** There is considerable interest and passion about evaluation. Stakeholders share a desire to be involved in defining system transformation and the selection of indicators and offered specific suggestions on the evaluation of the stakeholder process and priorities for indicators. There was general agreement of the importance of moving to indicators and away from process descriptions. In addition, there is a clear desire for some county level client and service data in easily understandable charts and graphs.
 - **Response:**
 - The OAC will develop a Request for Proposals (RFP) for selection of a contractor to lead the process for design of the MHSA evaluation.
 - DMH is committed to providing initial reports to counties by October 1, 2008 on Full Service Partnership (FSP) data and new admissions.
 - *Progress*, DMH's MHSA newsletter, will continue to provide statewide data in easily understood formats.
- **Theme:** DMH should be clear about the purpose for requests for information from counties.
 - **Response:** The Integrated Plan framework was rewritten to specify purposes for requests for information. The state role for review of the Annual Update is specified within the Integrated Plan documents.
- **Theme:** Build on what has been done successfully.
 - **Response:** DMH agrees. Continue to focus on essential elements, general standards, logic model, etc.

Revised DRAFT FY 2009/10 Integrated Plan and Annual Update

Next, Ms. Hood oriented participants to the FY 2009/10 Draft Annual Update, for which input will be solicited during the meeting. The document allows for county submission of a single update and funding request for all components that have already been approved by the state. DMH has tried to use a simplified format that includes a process for verifying compliance with requirements:

- Certification of non-supplantation of funding.
- Majority of funds must be directed to FSPs.

- FSPs and Prevention and Early Intervention (PEI) projects must address all ages, although small counties are exempt from this PEI requirement.
- 51% of PEI funding must be for services to those under 25 years.

Previously approved workplans remain approved. Only substantial changes need new approval. In addition, funding is based on county requests. For example, if an approved program is working well, a county can expand its funding for the program without seeking a budget amendment or other state approval. This saves both the State and county considerable effort. This also allows for simplified requests for approval of new workplans.

DMH also understands that it is vital that DMH clarify its role in the review and approval of updates in combination with the community input. Therefore, DMH is seeking input on what information DMH needs to make decisions, how much information is needed to fulfill its oversight role and what happens when the community and DMH do not agree.

Revised DRAFT Integrated Plan and Annual Update Approach

Next, Ms. Hood described the revised approach to the Integrated Plan and Annual Update, based on feedback from stakeholders. She reaffirmed the importance of the local stakeholder process. She noted that DMH is committed to posting information about services in a simplified version for web posting that will include program and fiscal information, so that people can search for information using a variety of criteria. This will allow people – consumers, family members, other stakeholders, researchers, etc. – to compile information electronically at the same time it requires DMH to provide increased data reporting.

Ms. Hood reiterated the commitment to building on what has been successful, so that, for example, counties will maintain the logic model for development of their Integrated Plan. In addition, she reiterated the policy that once a program or project has been approved it remains approved. DMH does not have line item controls on MHSA local budgets and that a county can be flexible about allocations of funds among approved programs.

Finally, Ms. Hood noted that everyone should expect changes in focus and in requirements over time for each three-year Integrated Plan. The process is a developmental one, with a changing focus as circumstances change.

Terminology

- **Planning Year** (initial period: FY 2008/09): The year in which counties and their communities are developing the Three-Year Program and Expenditure (Integrated) Plan or Annual Update and compiling their initial documentation.
- **Funding Year** (initial period: FY 2009/10): The year of the funding request and the year following the planning year.
- **Reporting Year** (initial period: FY 2007/08): The year covered in the report of prior activities and the year prior to the planning year.

DMH expects that counties will know the amount of MHSA funding for the start of a new fiscal year by the preceding September 30, about nine months in advance. In order to do appropriate planning, counties need to know the amount of funding. At the same time, the funding source is a volatile one that is allocated on a cash basis, so the initial amount is not known until July of the planning year. Once the information about the total amount available is known, DMH and OAC must complete an approval process, which would take approximately two to three months, i.e., September 30 of the planning year.

DRAFT Integrated Plan Framework

Next, Ms. Hood identified important changes in the Draft Integrated Plan Framework, based on feedback. These are primarily statements that strengthen core elements and seek to clarify DMH's role.

- There should be a robust local stakeholder process to review system wide data, performance and priorities every three years. Included in the review should be a review of the role of MHSA in achieving those priorities.
- The overall purposes of the Draft Integrated Plan are to:
 - establish direction for three years for MHSA funds
 - provide information about the reporting year and
 - request funding for the initial (funding) year.
- The purpose of each request for information is specified.

Next Steps: DRAFT FY 2009/10 Annual Update and Integrated Plan Framework

DMH has set an aggressive timeline for completion and dissemination of the Draft FY 2009/10 Annual Update and Integrated Plan Framework:

- August 20, 2008: Obtain input on current DRAFT documents.
- August 21-31, 2008: Revise and conduct internal review of new DRAFT documents.
- September 1-14, 2008: Post revised drafts on the DMH website for broad input.
- September 15-22, 2008: Make revisions as needed.
- September 30, 2008: DMH gives approval.

Stakeholder Questions and Comments

A stakeholder noted that because the Annual Update requires the 30 day stakeholder posting period, public hearing and time to respond to comments before submitting to DMH by March 2009, counties will have to have their Annual Updates ready for stakeholder input by approximately December 31, 2008 in order to meet the deadline set by DMH to assure payment by July 1, 2009.

IV. Discussion of Integrated Plan Framework

Beverly Abbott and Pat Jordan presented the five section Integrated Plan Framework. A statewide stakeholder process will work to turn the framework into guidelines that will build on input from this and the July 30 meetings. The document has changed since the last meeting, including new information about the purposes of each section. Differences include additional context, statements of the law and regulations and the time periods covered. All dates were increased a year from the earlier draft in order to address the

timing concerns raised at the last meeting. These time periods match the terminology described above.

General Changes

- In the Vision section, each three year plan will revisit the logic model, incorporating the five core elements.
- There are still five sections. However, the title of Section 2 was changed to “Community Vision and Three Year Goals.”
- The remainder of the document has changed only by the addition of a statement of the purpose of each section. At the bottom of Page 2, there was a slight modification to match the change in emphasis and title.
- The annual updates for the first Integrated Plan will be required to be developed with community stakeholders. The annual update process will not be as extensive as the planning process for the three year Integrated Plans.

Today’s discussion should focus on whether DMH has raised, although not resolved, the critical issues and questions for the framework, and if not, to add any that have been omitted. Ms. Jordan and Ms. Abbott highlighted the difference between this Integrated Plan framework, the guidelines for the next Annual Update and issues that will be addressed over the next eight months to develop the Integrated Plan guidelines.

General Issues

- The Integrated Plan needs to focus on families, not just individuals.
- The Integrated Plan needs to build on what already exists (i.e., prior planning processes, use of Mental Health Boards, use of logic models and existing surveys, etc.)
- The Integrated Plan needs to describe relationships between the Integrated Plan and other DMH requirements such as the Cultural Competence Plan.

Stakeholder Questions and Comments

- In the context area, clarify differences in the roles and responsibilities of the OAC and DMH, especially concerning the OAC responsibility for PEI and Innovation.
- None of these general issues refer to client-centered services.
- Be clear about the citation of relevant laws. Include the definitions. Also include how to operationalize the terminology.

Section 1: Community Planning Process

- How much should DMH specify in the guidelines about the planning process, e.g., use of the logic model, groups to be involved, methods used to get input, etc.?
- How will DMH know that the county planning process has been inclusive, transparent, robust and effective?
- How will DMH know that community input is reflected in the plan?

Stakeholder Questions and Comments

Stakeholder Involvement

- It was helpful to hear who participated in the CSS process. Continue to obtain that information, with questions about ethnicity, families, etc.
- It is imperative to mention the need to include consumers and family members. At the bottom of page 2, highlight how the community planning process is supposed to be.
 - **Response (BA):** This level of specificity is an eight month issue.
- Some counties provided only a check off list of consumers and family member participants and were not more specific. More specificity would have been useful and should be included.
- How will stakeholders and the State really know that the community planning process is inclusive? Some counties did a great job of documenting in CSS and reached out. Other plans just offered brief descriptions.
- There should be representatives from different age groups to assure participation of youth and older adults in the community planning process.
- A key issue is to help people to understand the data and the process. Counties should try to emulate those counties that have an effective, robust process, should receive technical assistance to do so and should be measured for improvement, using a continuous quality improvement model.
- Include the definition and request documentation of use of cultural brokers. The guidelines need to be reader-friendly.
- List language of statute for inclusiveness.
- What does “build on what has been done” mean? It could deter people from improving. How will the county know it is successful?
 - **Response (BA):** It means to build on successes.

Five Core Elements

- Is there a definition of each of the elements and measures?
 - **Response (BA):** There are two aspects of the elements: definitions and how to operationalize them. The latter has not been done. Definitions are in the regulations.
- Counties want to know how to operationalize the 5 principles.
- In the community planning process, consider adding specifics about the core elements and how these are measured.
- Think about adding the core elements to the purpose. Consider a survey to see if people understood the core elements.
- Where are the 5 principles embedded in the framework for each process? If these are the principles that will transform the system, make sure they ‘jump out’ at the reader.
- Develop indicators to operationalize elements. Some indicators need to be specific to the local level. For example, community collaboration would be different in different counties. More prescription from the State limits flexibility in definitions at the local level. Moving to indicators has to be simplified and flexible. If counties are

not performing according to the indicators they have set, that is a problem to follow up on.

Requirements vs. Flexibility

- How prescriptive should DMH be about community goals? Over the last several years, some input said that counties had too much leeway, while others said it was too prescriptive. We need to find a balance in how much the State should require.
- Is it appropriate to strengthen the requirements in Exhibit B? If the concern is community standards, would that go in this section?
- How do the system of care guidelines fit in to this? It is important to reference these.
- Should the State require references to system of care requirements?

Section 2: Community Vision and Three-Year Goals

- How prescriptive should the guidelines be about the vision and goals, e.g., definition of transformation, core elements, etc.?
- How prescriptive should DMH be about how counties should move toward the vision of fully serving everyone with serious mental illness and their families, e.g., levels of care?
- What questions should be asked about how the MHSA is “integrated” within the whole mental health system? Within the larger community?

Stakeholder Questions and Comments

Successful Process Wording Clarification

- “Strategic” or “meaningful” may be better words than “robust.”
- Some counties use strategic smaller groups and then a larger group.
- Say the community planning process “meets requirements” and leave out descriptors.
- “Robust” is worth keeping.
- Ask how this advances the system of care. It is important that there be a connection.

Stakeholder Burn Out

- There has been some discussion of stakeholder burn out. Maybe it would be helpful for counties to come to the constituents rather than bring them to MHSA, e.g., counties could attend NAMI meetings.
- Consider a set aside fund for people who have planning exhaustion. This could help in encouraging the schools to participate, etc. MHSA planning is a massive effort, we want to involve people, but there has to be a balance.
- Some stakeholder burn out has to do with being able to afford to attend meetings. Consumers need a stipend and transportation to get to meetings.

Section 3: Report on Prior Years’ MHSA Activity

- What should be required in the self-assessment of movement towards the county's vision and goals?
- How much detail is needed at the workplan level?
- How might descriptive information about programs be used by local stakeholders, the State, and/or the public and how would we know if it is useful? This was an important issue during the CSS process.

Stakeholder Questions and Comments

- What kinds of outcome reports will be available from counties and providers?
 - **Response (BA):** This fits into Section 5.
- There is a perception that counties see success one-way and consumers see it a different way. How can that be addressed?
- Counties should provide information to their own stakeholders about goals and progress.
 - **Response (BA):** It might be useful for people who have specific points of view to have discussions with advocates about what their constituents want, to move the process forward. Advocates want more detail and direction from the State, while counties feel that it is too limiting.
- That type of discussion should be part of any three year planning process so that stakeholders come to a common understanding with their counties.

Section 4: MHSA Funding Request Summary

- How much programmatic and budget detail is needed for the State to approve new workplans requested after original component plan approvals? This is important for both the Integrated Plan and the Annual Plan Update.

Stakeholder Questions and Comments

OAC and DMH Roles and Responsibilities

- OAC needs to provide its interpretation and to define its terms as well. A partnership needs to be developed. DMH and OAC need to carry out their own functions and then come together.
- It is important to define OAC and DMH roles and responsibilities. This needs to be clarified in ways it has not been before. The two groups are in the process of doing this thinking in development of an MOU and are looking at new ideas. There will be some different concepts soon. Some of this has to do with language around vision. There has to be some common ground.
 - **Response (BA):** The California Mental Health Directors Association (CMHDA), OAC and DMH all developed roles and responsibilities documents that might need to be revisited and could be circulated.
- There is a requirement that DMH define its roles and responsibilities. When there is a lack of clarity, the people who are caught in the middle are the people who need the services.
- Include the roles of the Mental Health Planning Council and the counties. Figure out what the locus of responsibility is and define it.

- From a stakeholder perspective, it is important to see how the various organizations make decisions and where the stakeholders fit in. If decisions do not reflect the Act, then the roles and responsibilities are unimportant.

Prescription vs. Flexibility

- There seems to be more of a tendency, especially in OAC, to require a lot of detail from counties, especially with original plan approval. There is a more comfort concerning CSS, once the initial plan has been approved. OAC and DMH may provide different answers, given their organizational culture differences. It seems reasonable to require different levels of detail for initial and follow up approval. But it is important to know what the OAC needs to be comfortable.
 - **Response (Carol Hood (CH)):** This is really the core issue. How much is enough to approve a new workplan? DMH does not want to approve anything in conflict with MHSA and does want to give counties flexibility.
- Find the balance between process description narrative and outcome indicators.
- There will be unique indicators at the local level. At the same time, DMH needs to determine a minimum set of statewide performance indicators.
- There should be two parallel processes: 1) what counties have to do for the State and 2) what counties want to do for education. This did not happen for CSS; there was only the State regulations.

Stakeholder Input

- Take the opportunity to learn from the CSS experience to increase opportunities to obtain stakeholder input. It has taken four years for most counties to complete their CSS approval process, with little else finished. People in this stakeholder process have enough knowledge, expertise and passion to find a balance.
- The tendency in the first round was to be quantitative in requesting information about stakeholder input. Make it easy to let the county know what stakeholders liked and did not like. Counties should be required to respond to and report all comments, especially anonymous comments. Anonymity can be important, because some stakeholders, such as providers, are not really in a position to put their names to their comments.

Section 5: Report on Performance Indicators

- Do the performance indicators already in statute need to be changed or clarified in terms of content or measurement strategy?
- Are additional performance indicators needed to measure system transformation?
- Should there be required training of stakeholders on how to understand and use performance indicators, in order to be sure that stakeholders are empowered?

Stakeholder Questions and Comments

- Mention of indicators should be moved up in the document because it is an important message that informs decisions.

- At a previous meeting, there was discussion about the importance of educational materials about MHSA from both DMH and OAC for collaborating departments and agencies. Is there an update on their development?
 - **Response (CH):** The governor's work stoppage order for contractors has affected this.
- The Planning Council is seeking a consultant to help educate stakeholders. This training will focus on local Mental Health Boards.
- What is the process for moving forward with the framework? How will important changes be made?
 - **Response (BA):** It is a balance between stakeholder input and DMH required decisions.
- As Benjamin Franklin said, "We must indeed all hang together or, most assuredly, we will all hang separately." This adage applies to all the stakeholders in the MHSA. Everyone should be able to express their differences, but then everyone needs to come together at the end.
 - **Response (BA):** Everyone needs to own the process and move without defensiveness to make changes.

V. Presentation of the FY 2009/10 Draft Annual Update Guidelines

Next, Carol Hood presented information about the FY 2009/10 Draft Annual Update Guidelines. She noted that DMH is asking counties how they will reach the required prudent reserve level. For CSS statewide, this will be approximately \$450 million. It will be a major issue.

Overall Approach

- Counties must receive initial approval of each MHSA component consistent with current guidelines.
 - A process is provided for county requests of FY 2009/10 funding if the component has not yet been approved.
- Approved workplans remain approved.
 - The funding level is based on county request.
- Counties need to provide brief descriptions of activities and simplified requirements for new workplans.
 - Templates and suggested length are provided.
- Submission must be by March 31, 2009 to ensure timely initial payment for FY 2009/10 by July 1, 2009.

DRAFT Annual Update Content

Exhibit A—Certification

- Contact information
- Certification of Compliance signed by Mental Health Director about:
 - Community planning process
 - Non-supplantation.

Exhibit B—Community Planning Process

- Counties are asked to provide a brief description of the community planning process used to develop the annual update, including dates for review and public hearing and response to substantive comments
- Counties are asked to provide a description of how data provided by DMH and the county were shared with stakeholders.
- Counties are asked to provide substantive comments from stakeholders.

Stakeholder Questions and Comments

CSS

- The reality of this annual update is that it is primarily about continued planning for CSS. Most counties only have CSS.
 - **Response (CH):** For the majority of the counties, it will be only CSS. This is about what money counties want for FY2009/10 for CSS and any other components they have approved.
- Most counties are most likely continuing approved plans.
- The annual update will be used by counties primarily as an update of FSPs, outreach – everything that has been approved, and will describe what has actually happened in narrative and quantitatively. Counties that have clearly indicated their gaps, for example in the Latino community, can document inroads into that community and can discuss how they have done so.

The Planning Process

- Does DMH mean to say that the only input that the county is required to respond to is the input provided during the 30 day period?
 - **Response (CH):** Yes. This refers to the statute. The information requested is only an update on what was done already. DMH wants to know what else the county has done beyond what it has already reported. This is only about how the annual update was developed.
 - **Response (Pat Jordan (PJ)):** Think of this as Year 2 or 3 in the planning process. It is an update only.
- There is a difference among counties about whether they conduct continuing ongoing planning efforts.
 - **Response (CH):** This is a topic DMH wants to address during the small group discussions. There is nothing in the legislation to require an ongoing planning process. Is the funding request the right place to ask this information, if there is no requirement?

Other

- Does housing go into CSS?
 - **Response (CH):** Yes, both MHSA Housing Program and housing through general system development.

Exhibit C—Report on FY 2007/08 Activities

- CSS Implementation Progress Report will be submitted under separate cover.
- DMH will request that counties provide a brief narrative about progress in providing service through CSS to unserved and underserved populations.

Stakeholder Questions and Comments

- Does this need more description?
 - **Response (CH):** The policy has not changed, and DMH thinks it is quite clear. Please use the small group discussions to address this.

Exhibit D—Workplan Description

- DMH will request that counties provide a summary of each service workplan including population to be served and service description.
- This includes CSS, PEI, and Innovation.
- The information will be posted on the DMH website.

Exhibit E—FY 2009/10 Funding Requests

a. Summary Request

- Listing of workplans by components.
- Funding request for each component.
- Calculation to verify majority of funds are directed to FSPs, and at least 51% of PEI funds target people under age 25.
- Estimated funds by age and service/funding category.
- Forms should be easy to understand.

b. Summary Request—CSS additions

- Allows for irrevocable transfer of funds to Workforce Education and Training, Capital/Technology and Prudent Reserve.
- Requires Prudent Reserve Plan.
 - County plan for achieving CSS prudent reserve of 50% by July 1, 2010.
 - If unable to achieve that goal without reducing CSS services below FY 2007/08 level, then counties will need to provide a plan for how and when to achieve prudent reserve.

c. New Workplans

- Simplified.

- Customized for each component.
- Includes line item budget.
 - Staffing detail not required.
- Submission.
 - Consistent process.
 - Increased reliance on electronic submission.

VI. Small Group Discussions

The participants then held discussions in small groups to address specifics about the FY 2009-10 Draft Annual Update Guidelines.

1. Community Planning Process (SECTION B)

What is missing?

Solicitation and Inclusion of Feedback

- Ask whether the consumers were heard and whether the plan includes and implements their concerns. Perhaps ask what was proposed and whether it was met in the annual reporting.
- Emphasize that anonymous comments could be made and that county received and responded to substantive comments. A copy of all comments should be submitted or otherwise made available to DMH.
- Require that counties keep a log of all comments.
- Ask counties to show confirmation of conversation with stakeholders regarding identification of priorities to spend new dollars.
- Strengthen language to ensure that two-way communication occurs at every point in the community planning process and is documented.
- Encourage counties to continue ongoing two-way communication in various ways to avoid stakeholder burnout and facilitate understanding.
- Emphasis seems to be on the 30-day review period. Also emphasize stakeholder participation in identification of needs and priorities, and request documentation on how stakeholder input ties to proposed programs, vision, etc.

Ongoing Feedback

- If the county is not conducting an ongoing stakeholder meeting process, ask for an explanation.
- Ask about efforts made to ensure that people have been engaged on an ongoing basis.
- There is no requirement for an ongoing community planning process, nor does it ensure quality.
- The annual updates should focus on continual improvement and demonstrate that community planning processes have continued through out the three years.

Other

- Need to see Exhibit B. There needs to be some degree of detail, related to Section 3300 of the regulations—Community Program Planning Process.
- The new language about sharing baseline data with stakeholders is good.
- CMHDA is okay with this as it is.

What can be simplified or eliminated?

- Change definition of non-supplantation to make it clear.
- Consider defining the term “substantive” concerning comments received.
- Is “substantive comments” defined? Did DMH purposefully leave it vague so that counties could make their own judgment about what is substantive? This does not seem to be an issue.

Comment on State review role

- The State needs to assure that the right groups are included in the community planning process and that a thorough stakeholder process occurred, although a more comprehensive process will be documented in the three year plan.
- If there is no ongoing stakeholder involvement, DMH should ask counties to develop ongoing stakeholder involvement.
- The community planning process is the heart of MHSA. The State needs to make judgments concerning the responsiveness of the county to stakeholder input. If the judgment determines that there was inadequate inclusiveness and responsiveness, the State can return the plan to the counties.
- Only request information about requirements. There is a difference between approval based on meeting the requirements and what it would be good for counties to do. The latter could be the focus of technical assistance.

2. Report on FY 2007/08 Activities (SECTION C)

What is missing?

Narrative about Progress

- Ask about what changed from the initial plan to the update.
- Ask counties to describe obstacles and barriers and how they plan to address them.
- Ask whether there were services the county was unable to implement and whether there were others that were not planned but were implemented.
- Include strategies and services to be provided to displaced persons from other community-based programs that lost funding, as they are now underserved.
- Ask about progress in serving clients, including unserved and underserved populations.
- Attempt to address the two tier system.

Demographics and Costs

- Ask for annual reporting on people served who are homeless, aged-out of foster care, incarcerated, etc. This may need to be included in future years or examined for indicators.
- Request specific data-based information on how many clients from what ethnicity were served as new clients, rather than narrative descriptions by program.
- Request total cost per person, including leveraged funding compared to total MHSA cost per person.
- DMH should be able to provide information on new clients by ethnicity.

What can be simplified or eliminated?

- Use standard language throughout the guidelines related to the “essential elements” vs. general standards.
- The suggested one page length is good, except for the smaller counties.

Comment on State review role

- For future updates, DMH should request that the county’s response meets the minimum criteria developed in conjunction with partners and consumers and family members.
- Redefine the balance between county autonomy and accountability.
- Determine how to include the clients’ perception of the quality of services they are receiving so that the county is responsible to the State and to the clients.
- Kudos to DMH because this is the model of stakeholder participation. If counties were to do this, advocates would not be concerned about the stakeholder participation process at the local level.

3. Workplan Descriptions (EXHIBIT D) – see examples CSS & PEI

What is missing?

- For “early psychosis,” require coordination of CSS and PEI.
- Add dollar amount per workplan.
- Include information to allow for comparisons of similar-sized counties to create peer pressure for improvements.
- Add county contact for more information.
- Add access phone numbers for services.

What can be simplified or eliminated?

- Combine exhibits and section C and D and make the workplan descriptions consistent with the new workplan descriptions.
- Differentiate between what it is required for existing or new workplans.

4. Summary Requests by MHSA Component (EXHIBIT E)

What is missing?

- Include cost and number served on the same document.
- Add a cell to include number of people served by the workplan.

Comment on State review role

- Capital facilities' line 29 is confusing. Ms. Hood said that she thinks this might be a mistake. Refer to previous information notice for instructions.

5. New Workplan Descriptions (SECTION E, starting page 6)

What is missing?

Specific References

- Page 5, b.2.b: State approval: unserved and underserved as well as racially and ethnically diverse populations need to be included for review.
- Page 6, b.i)(4): Add “resiliency and recovery” as well as wellness to forms.
- Page 6, b, i)(2)a: Include homeless, out of jail, etc., i.e., situational characteristics.
- Page 6: Include staff to client ratio.
- Page 6, b, i)(3): Change “relates to issues” to “relates to priorities.”

Exhibit D

- Make it clear if a workplan description, Exhibit D, is also required to be submitted with new workplan requests. Address under D. Workplan Descriptions and under new programs.
- Ask about what services are available in the workplan that are not FSPs. This information is captured in Exhibit D under Program Description.
- Add dollar amounts to Exhibit D, including numbers of persons served at the same location and costs.
- Counties should submit information on MHSA-eligible programs, not just MHSA-funded programs on Exhibit D. Include loss of other community-funded programs expected over the course of next year and county's plan to provide services to this population. This may fall under Exhibit C.

Stakeholder Input and Collaboration

- Ask about collaboration with schools regarding AB3632 children to provide services. Identify why certain children are not eligible for services.
- Add who participated in the planning process: identify the person and/or agency recommending the workplan.
- Add question (2c) so that counties report on outreach and engagement, who targeted and how served.

- CSS 2(a) is limited to FSP. Determine how to obtain the same information for General Service Partnerships (GSP) and engagement.
- Ensure stakeholders have weighed in on new workplans, with confirmation that new plans align with priorities and needs as identified in the CSS process.

Staffing

- Ask about the qualifications of staff. Include budget staffing detail and budget narrative. Include types of staffing on budget worksheet.
- Staffing details should be part of the workplan, i.e., staffing ratio of consumers and family members, and transition-aged youth.

Other

- Ask for specifics on how cultural competence is addressed.
- Narrative description should have specificity concerning the level of business plan required.
- Instructions that are too specific are premature. Check with implementation progress report specifics asked for in DMH Information Notice 08-16.
- Identify standards for each component, e.g., IT is transformation and modernization.
- For Workforce Education and Training (WET), do questions provide evidence of a growing diverse workforce and a growing consumer workforce?
- Add enrollment criteria for all MHSA funded or eligible programs.
- Expand information concerning how new workplans relate to the five core elements. The template could provide guidance on this.
- “A+” on PEI piece!!! We like!!!

What can be simplified or eliminated?

Specific References

- Page 8, #5: WET should not be included.
- New Capital Facilities workplan description (Page 9): Consider including #3 (Intended purpose of capital facility) in #1.
- Is Exhibit E budget worksheet the same as what was requested before? There should be accompanying instructions to define terms.

Other

- Use consistent wording: either ‘core’ elements or general standards on all documents.
- Consider changing the 51% requirement for FSPs. Consider introducing flexible language to allow different levels of service, i.e., most intense to less intense.

Comment on State review role

- Use a higher standard to approve new workplans.
- Review the county’s capacity to implement as described.

- The plan for reviewers to be able to express concerns and obtain clarification from county is good.
- The State should require additional information. DMH or OAC should withhold county funds until the county complies with request.
- Approve new workplan and inform counties that they will be looking for improvement in their next request for funding.
- Is this consistent with DMH Information Notice 08-16 Instructions for CSS in terms of new workplans? Ms. Hood thinks this is a lesser amount of information. It should be consistent in order to avoid confusion.
- We like it!!! Good job!!!
- We hope the approval process is smooth and timely.

VII. Next Steps, Feedback on Meeting and Adjourn

Next Steps: DRAFT FY 09/10 Annual Update and Integrated Plan Framework

DMH has set an aggressive timeline for completion and dissemination of the Draft FY 2009/10 Annual Update and Integrated Plan Framework:

- August 20, 2008: Obtain input on current DRAFT documents.
- August 21-31, 2008: Revise and conduct internal review of new DRAFT documents.
- September 1-14, 2008: Post revised drafts on the DMH website for broad input.
- September 15-22, 2008: Make revisions as needed.
- September 30, 2008: DMH gives approval.

DMH proposes that this stakeholder group continue to meet to develop the specific Integrated Plan guidelines over the next eight months.

- **Stakeholder Question:** Will the discrimination meeting take place? If there is a problem in preparing for the meeting, it might be better to delay it.
 - **Response (CH):** That information is not yet available, given the budget situation.